



DEVELOPMENT SERVICES DEPARTMENT  
PLANNING & ZONING DIVISION

6591 ORANGE DRIVE • DAVIE, FLORIDA 33314-3399  
PHONE: 954.797.1112 • FAX: 954.797.1204 • WWW.DAVIE-FL.GOV

## BUSINESS TAX RECEIPT

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Planning & Zoning Division located at Town Hall, Bldg. B.

**APPLICANTS: COMPLETE FRONT PAGE ONLY**

DATE: \_\_\_\_\_ FOLIO # \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

CORPORATION NAME: \_\_\_\_\_

BUSINESS STREET ADDRESS: \_\_\_\_\_

BUSINESS MAILING ADDRESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

DESCRIBE TYPE OF BUSINESS: \_\_\_\_\_

BUSINESS IS: Corporation \_\_\_\_\_ Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ LLC \_\_\_\_\_

Owner/Officer(s)	Home address	City/Zip	Phone
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Federal ID Number or Social Security Number \_\_\_\_\_

Square Footage of Business At This Location: \_\_\_\_\_ Office \_\_\_\_\_ Warehouse \_\_\_\_\_

Number Of Full-Time Employees At This Location \_\_\_\_\_ Part-Time Employees \_\_\_\_\_

What Was Previous Use of Business Location \_\_\_\_\_

Industrial/Manufacturing Areas: Is your wastewater system Septic \_\_\_\_\_ Sewer \_\_\_\_\_

I understand that this is an application for an occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license, upon receipt, is valid until September 30, \_\_\_\_\_ and must be renewed before each October 1<sup>st</sup>.

\_\_\_\_\_  
Print Owner or Officers Name and Title

\_\_\_\_\_  
Signature of Owner or Officer